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Appendix I:

## Application Forms

The complete application and forms are available in PDF format under the California Department of Education's Web site:

[<www.cde.ca.gov/digitalhigh/>](http://www.cde.ca.gov/digitalhigh/)

Instructions for completing the forms are in the application packet on pages 5–11. The forms included in this Appendix are:

1. Application Cover Form DHS98-21
2. Assurances Form DHS98-22
3. Budget Forms DHS98-23A, DHS98-23B, DHS98-23C
4. Technology Inventory Form DHS98-24
5. Project Implementation Timeline Form DHS98-25
6. Governing Board Certification Form DHS98-26
7. Application Checklist
8. Specific Waiver Request (SW-1) form
9. Specific Waiver Instructions

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# Application for Funding 1998-99

## Digital High School Technology Installation Grant

### Step 1 - CTAP Review

Send original and seven copies to:

CTAP Region Representative - Region \_\_\_\_\_

☐ Combined application for more than four sites

**Note:** Please print or type all information

#### CDE Use Only

Application Number

Project Start Date

Local Education Agency Name		Total State Funds Requested
Cnty-Dist-Sch (CDS) Code(s)	School Name(s)	
(1)		
(2)		
(3)		
(4)		
Primary Fiscal Agent/LEA Contact Person	Title	Phone
		E-mail
Primary Project Contact Person	Title	Phone
		Fax
		E-mail
Primary Project Contact Street Address	City	Zip Code

## Assurances

The local educational agency (LEA) shall assure that:

### Special Assurances


1. A local match that is not less than the amount of the grant will be provided, unless a modification or waiver of the local match requirement is granted by the California State Board of Education (EC § 52253(a) and 52254(a)(2)).
2. The local governing board of the LEA shall provide a certification that a majority of the certificated staff of the high school indicate their support for participation in this program (EC § 52255 (g)). A separate certification and minutes of the local governing board will be submitted with this application.
3. Before the completion of the Technology Installation Project, the following will be accomplished :
  - (a) Every classroom teacher and every library media teacher will have access to instructional applications and Internet resources using appropriate hardware and software in every classroom, including the school library media center.
  - (b) Every student will have access to instructional applications and Internet resources, using appropriate hardware and software in every classroom, including the school library media center;
    - Through access to these tools, teachers and students should give emphasis to use of appropriate technology and information resources integral to core curriculum content areas.
    - Access should also assure that students develop essential technology literacy skills as specified in the objectives.
  - (c) Services will be provided to staff and students of any continuation high school or alternative program that is included as a part of the comprehensive high school's project application on an equitable basis.
4. The school's project application addresses:
  - (a) staff development;
  - (b) ongoing technical support services;
  - (c) the integration of technology applications and tools into the core curriculum consistent with the curriculum master plan; and
  - (d) the services to be provided to staff and students of any continuation high school or alternative program that is included as a part of the comprehensive high school's application.
5. The school district has adopted a policy regarding access by pupils to Internet and on-line sites (EC § 51870.5).
6. The data from the State Testing and Reporting System (STAR) test for the 1998-99 fiscal year, and each subsequent fiscal year thereafter, administered in accordance with Article 4 (commencing with 60640) of Chapter 5 of Part 33 of the Education Code and the regulations implementing the STAR Program will be provided for purposes of the evaluation required by Education Code Section 52266.
7. Baseline data collection and subsequent progress reporting required by CDE will be completed.

### General Assurances

1. Programs and services are and will be in compliance with all applicable state laws and regulations prohibiting unlawful discrimination practices (GC § 11135, CCR T5 4960).
2. Programs and services for handicapped persons are and will be in compliance with the Individuals with Disabilities Education Act, § 613(a), and § 504 of the Rehabilitation Act of 1973.
3. The local agency will use fiscal control and fund accounting procedures that will ensure proper disbursement of, and accounting for, state funds paid to that agency under this program.
4. Any application, evaluation, periodic program plan, or report relating to each program will be made readily available to parents and other members of the general public (CA Public Records Act, GC § 6250 et seq.).
5. Auditable records of each participating school program will be maintained on file (EC § 62003, 62005, 62005.5).
6. The district board of trustees has adopted written procedures to ensure prompt response to complaints within 60 days, and has disseminated these procedures to students, employees, parents or guardians, district/school advisory committees, and interested parties (CCR T5 4600).

### Assurance Section:

I hereby certify that all applicable state and federal rules and regulations will be observed; that to the best of my knowledge, the information contained in this application is correct and complete; and that all requirements and assurances of the program will be met as a condition of grant funding.

Printed Name of Authorized Agent	Title	Phone
Signature  		Date

**Technology Installation Grant  
Budget Form: Object of Expenditure**

- ☐ Check if this is a budget revision. Date \_\_\_\_\_
- ☐ Check if small school local match requirement of \$300 per pupil applies.
- ☐ Check if Specific Waiver Request is being submitted (use Form SW-1).

<b>Major Object of Expenditure Categories</b>	<b>Digital High School Funds (a)</b>	<b>Local Match Funds (b)</b>	<b>Total Funds by Object of Expenditure (a)+(b)</b>
1000-1999 Certificated Personnel Salaries			
2000-2999 Classified Personnel Salaries			
3000-3999 Employee Benefits			
4000-4999 Books and Supplies			
5000-5999 Services and Other Operating Expenditures			
Indirect Costs at an established rate (excluding the 6000- 6999 category)			
6000-6999 Capital Outlay			
<b>Total Funds</b>			

**Technology Installation Grant  
Budget Form: Budget Narrative**

<b>Line Item Category</b>	<b>Narrative Description</b>
<b>1000-1999 Certificated Personnel Salaries (for DHS funds only)</b>	
<b>2000-2999 Classified Personnel Salaries (for DHS funds only)</b>	
<b>4000-4999 Books and Supplies (for DHS funds and local match resources)</b>	
<b>5000-5999 Services and Other Operating Expenditures (for DHS funds and local match resources)</b>	
<b>6000-6599 Capital Outlay (for DHS funds and local match resources)</b>	

## Technology Installation Grant

[illegible]

## Technology Inventory

### I. Computers

Please identify the number of computers by type that are currently in use in the following locations:

	<i>Computer Lab</i>	<i>Classroom</i>	<i>Library Media Center</i>	<i>Administrator's Office</i>	<i>Other Locations</i>
<b>Apple/Mac</b>					
a. Apple II/Ile/GS					
b. Mac LCII or earlier					
c. Mac LCIII (68030) or later					
d. Mac Quadra/Centris (68040)					
e. Mac Power PC					
f. Mac Powerbook					
g. Number of above that are Internet capable					
h. Number of above that are Multimedia equipped					
<b>PC Compatible</b>					
i. 286 or earlier					
j. 386					
k. 486					
l. Pentium (586-686)					
m. PC Lap Top					
n. Number of above that are Internet capable					
o. Number of above that are Multimedia equipped					

Number PCs running Windows '95? \_\_\_\_\_

Number of PCs running other versions of Windows? \_\_\_\_\_

### II. Workstations

Please provide the number and type of workstations

- a. Sun \_\_\_\_\_
- b. Silicon Graphics \_\_\_\_\_
- c. Other \_\_\_\_\_

### III. Peripherals

Please report the number of peripherals

- |                                  |       |                        |       |                           |       |
|----------------------------------|-------|------------------------|-------|---------------------------|-------|
| a. CD ROM DOS                    | _____ | g. Dot Matrix Printers | _____ | n. Video Cameras          | _____ |
| b. CD ROM Mac                    | _____ | h. Laser Printers      | _____ | o. TV Monitors            | _____ |
| c. Digital Cameras               | _____ | i. Color Printers      | _____ | p. Graphing Calculators   | _____ |
| d. Scanners/Digitizers           | _____ | j. High-speed Copiers  | _____ | q. Scientific Calculators | _____ |
| e. Assistive/Adaptive<br>Devices | _____ | k. Fax Machines        | _____ | r. Overhead Projectors    | _____ |
| f. Modems                        | _____ | l. VCR Units           | _____ | S. Computer Screen        | _____ |
|                                  |       | m. Laserdisc Players   | _____ | Projectors (e.g., LCD)    | _____ |



**IV. Local Area Networks**

- a. Total number of networks \_\_\_\_\_
- b. How many are located at school sites?  
\_\_\_\_\_

**V. Wide Area Networks**

- a. Total number of wide area networks \_\_\_\_\_
- b. Type and number of equipment being used
1. Statistical multiplexor \_\_\_\_\_
  2. Bridge \_\_\_\_\_
  3. Router \_\_\_\_\_
  4. Other \_\_\_\_\_
- c. If the school site is connected to other buildings by a WAN, where is the school connected to (higher education, district offices, other school sites, other)?  
\_\_\_\_\_

**VI. Networked Terminals**

- a. How many networked computers are there?  
\_\_\_\_\_
- b. Where are they located?  
\_\_\_\_\_
- c. Are they used in instruction or administration?  
\_\_\_\_\_

**VII. Operating Systems**

Please indicate which of the following are being used:

- a. Mac OS \_\_\_\_\_
- b. DOS \_\_\_\_\_
- c. Windows 3.x \_\_\_\_\_
- d. Windows 95 \_\_\_\_\_
- e. Windows 97 \_\_\_\_\_
- f. Unix \_\_\_\_\_
- g. Other \_\_\_\_\_

**VIII. Telephone Systems**

Number of lines \_\_\_\_\_

**IX. Connectivity**

Please indicate the locations that are connected.

	<i>Yes</i>	<i>No</i>
a. District Offices	_____	_____
Payroll	_____	_____
Fiscal Services	_____	_____
Budget	_____	_____
Administrator's Office	_____	_____
Human Resources	_____	_____
Transportation	_____	_____
Warehouse	_____	_____
Student Services	_____	_____
Curriculum and Instruction	_____	_____
Attendance	_____	_____

- b. Number of schools connected \_\_\_\_\_
- c. Number of classrooms connected \_\_\_\_\_

Indicate other locations at the school site.

	<i>Yes</i>	<i>No</i>
Administrator's Office	_____	_____
Attendance Office	_____	_____
Guidance/Counseling Office	_____	_____

- d. Are the schools connected to the District Office? Yes \_\_\_\_\_ No \_\_\_\_\_
- e. How many schools do you expect to connect in the next three years? \_\_\_\_\_
- f. How many classrooms do you expect to connect in the next three years? \_\_\_\_\_
- g. Are the schools connected to one another? Yes \_\_\_\_\_ No \_\_\_\_\_
- h. Is the District connected to the County Office of Education? Yes \_\_\_\_\_ No \_\_\_\_\_
- i. Indicate which of the following you are using:
1. T-1 lines \_\_\_\_\_
  2. Frame Relay \_\_\_\_\_
  3. ISDN \_\_\_\_\_
  4. Modem \_\_\_\_\_
  5. Other \_\_\_\_\_

**Cabling**

Please indicate the number of locations that:

1. Have been cabled for voice, data and video  
\_\_\_\_\_
2. How many locations do you plan to cable for voice data and video in the next three years?  
\_\_\_\_\_
3. At how many locations on the school site can the Internet be accessed? \_\_\_\_\_

### School Site Inventory Addendum

	<i>Number Currently Available</i>	<i>Number in Plan</i>
<b>Teachers:</b>		
Computers with multimedia and Internet capabilities for exclusive use by teachers in classrooms		
Computers with multimedia and Internet capabilities for exclusive use by teachers elsewhere		
Other computers for exclusive use by teachers in classrooms		
Other computers for exclusive use by teachers elsewhere		
<b>Other Staff/Administrators:</b>		
Computers with multimedia and Internet capabilities for exclusive use by other staff/administrators		
Other computers for exclusive use by other staff/administrators		
<b>Students:</b>		
Computers with multimedia and Internet capabilities accessible to students in classrooms		
Computers with multimedia and Internet capabilities accessible to students in computer labs		
Computers with multimedia and Internet capabilities accessible to students in shared or common space (e.g., library)		
Other computers accessible to students in classrooms		
Other computers accessible to students in computer labs		
Other computers accessible to students in shared or common space (e.g., library)		

[illegible]

## Local Governing Board Certification

Program

**Digital High School Technology Installation Grant**

County-District-School (CDS) Code

Local Education Agency (District or County Office) Name

School Name

The \_\_\_\_\_ school board certifies that a majority of the certificated staff of the high school indicate their support for participation in the Digital High School Program.

Printed Name of Governing Board President

Date

Signature of Governing Board President

(Include minutes of the board meeting indicating the vote of the local board.)

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## Application Checklist (in order of presentation)

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>❑ Application Cover Form DHS98-21<ul style="list-style-type: none"><li>✓ All boxes complete</li><li>✓ Correct CDS code(s) obtained from local business office</li></ul></li><li>❑ Abstract<ul style="list-style-type: none"><li>✓ Not more than two pages</li><li>✓ Pages numbered i and ii</li></ul></li><li>❑ Project Narrative<ul style="list-style-type: none"><li>✓ Not more than 15 pages</li><li>✓ Pages numbered sequentially 1-15</li><li>✓ Each section and subsection numbered (IVA.2., etc.)</li><li>✓ Each element in the rubric addressed at the “Meets Standard” level or above</li><li>✓ Multiple sites, if applicable, addressed in each section</li></ul></li><li>❑ Assurances Form DHS98-22<ul style="list-style-type: none"><li>✓ Signed by Authorized Agent</li></ul></li><li>❑ Budget Forms DHS98-23A, DHS98-23B, DHS98-23C<ul style="list-style-type: none"><li>✓ Local match resources totals on DHS98-23A and DHS98-23C reconcile</li></ul></li><li>❑ Technology Inventory Form DHS98-24<ul style="list-style-type: none"><li>✓ Separate site inventories for multiple site applications</li></ul></li></ul> | <ul style="list-style-type: none"><li>❑ Project Implementation Timeline Form DHS98-25<ul style="list-style-type: none"><li>✓ Three year timeline</li><li>✓ Benchmarks for each plan section (program, staff development, technology resources, parents and partnerships, sustainability, and evaluation).</li></ul></li><li>❑ Governing Board Certification Form DHS98-26<ul style="list-style-type: none"><li>✓ Signed by Board President</li><li>✓ Names all sites addressed by the application</li></ul></li><li>❑ Minutes on certificated staff support<ul style="list-style-type: none"><li>✓ Copy of minutes or excerpt included</li><li>✓ States the action taken by the local governing board certifying a majority of certificated staff at the school site(s) approve participation in the program</li></ul></li><li>❑ General Items<ul style="list-style-type: none"><li>✓ Original not bound or stapled</li><li>✓ Order of presentation is correct</li><li>✓ No appendices, only required items</li><li>✓ Diskette of project application included</li><li>✓ Original plus seven copies sent to CTAP for review</li></ul></li></ul> |
|---|---|

**SPECIFIC WAIVER REQUEST**

Check one: **First time waiver** ☐  
**Renewal waiver** ☐

SW-1 (7/98)

Return to: California Department of Education (Waiver Office)  
 721 Capitol Mall, Suite 613  
 Sacramento, CA 95814  
 (916) 654-6853

All blocks and parts of this request are to be completed as specified in the Instructions for this form. Incomplete forms will be returned for required information.

CDS CODE

LEA:	Contact/recipient of approval/denial notice:		
Address:	(City)	(State)	(ZIP)
Period of request: From:			To:
Local board approval date for both First Time and Renewal Waivers:			Phone (and extension if necessary) : ( )

**PART I. LEGAL CRITERIA**

1. **Authority for the Waiver:** ☐ Specific Code Section \_\_\_\_\_ ☐ Special Education Code Section \_\_\_\_\_  
 Write the E.C. section citation which **allows** you to request, or **authorizes** the waiver of the specific E.C. section you want to waive.  
**NOTE: Due to new regulations and Education Code interpretation, Resource Specialists caseload waivers may no longer be filed on this form; you must use the General Waiver form and the Union must be consulted.**
2. **Education Code or California Code of Regulations** section to be waived: \_\_\_\_\_
3. **Position of the bargaining unit.** (**Important Note:** This item may or may not apply to your First Time Waiver request. (check the specific regulation) However, even if consultation with the bargaining unit is not specifically required, you may still wish to consult. For Renewal Requests, it is not necessary to consult unless conditions have changed and it has become a controversial issue).
- Does the district have any employee bargaining units? ☐ Yes ☐ No
- Date(s) the bargaining unit(s) was (were) consulted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Name of bargaining unit person(s) consulted: \_\_\_\_\_
- The position(s) of the bargaining unit(s) was/were: ☐ Neutral ☐ Support ☐ Oppose (Please summarize below.)
- Comments (if appropriate):

**PART II. RATIONALE AND DESIRED OUTCOME**

(PLEASE BE AS SPECIFIC AND CLEAR AS POSSIBLE, YET BRIEF, WHEN ANSWERING THE FOLLOWING:)

1. **Section to be waived.** Section # \_\_\_\_\_. If the request is to waive a portion or section(s), type the text of the pertinent sentence of the law, or those exact "phrases" requested to be waived. Do not attach photocopies.

**SPECIFIC WAIVER REQUEST**

SW-1 (7/98) Page 2

2. **Summary of the Education Code, California Code of Regulations section, or portion to be waived.** (Please summarize the meaning, in plain language of the Education Code or California Code of Regulations section to be waived.)

3. **Desired outcome/rationale.** (State what you hope to accomplish with the waiver. Describe briefly the circumstances that brought about the request and why the waiver is necessary to achieve improved student performance and/or streamline or facilitate local agency operations.)

**4. For a Renewal Waiver Only, District also must certify:**

True	False	
<input type="checkbox"/>	<input type="checkbox"/>	The facts which precipitated the original waiver request have not changed.
<input type="checkbox"/>	<input type="checkbox"/>	The remedy for the problem has not changed.
<input type="checkbox"/>	<input type="checkbox"/>	Members of the local governing board and district staff are not aware of the existence of any controversy over the implementation of this waiver or the request to extend it.

Renewals of Specific Waivers must be submitted **two months before** the active waiver expires. The local governing board must approve the renewal request. Because the district certifications above assure the State Board that there is no evidence of controversy associated with the waiver's renewal, it is not necessary to repeat any otherwise required public hearing. Submit the renewal request **at least two months before the waiver expires** to ensure enough time for action by the State Board before the present waiver expires. Retroactive waivers must go through the First Time Waiver Process.

District Certification--*I hereby certify that the information provided on this application is correct and complete.*

Signature of Superintendent or Designee

>

Title:

Date

Signature of SELPA Director (only if a Special Education Waiver)

>

Date:

**FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY**

Responsible Office

Guidelines:

☐ Met

☐ Not Met

☐ Don't Exist

California Department of Education Recommendation: ☐ Approve ☐ Deny

Staff (Type or print)

Staff (Signature)

>

Date:

Unit Manager (Type or print)

Unit Manager (Signature)

>

Date:

Division Director (Type or print)

Division Director (Signature)

>

Date:

Deputy (Type or print)

Deputy (Signature)

>

Date:

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# INSTRUCTIONS FOR PREPARING A STATE BOARD OF EDUCATION SPECIFIC WAIVER REQUEST (First Time or Renewal)

**Specific Waivers.** This type of waiver is expressly authorized as part of a statute. Check the Education Code sections immediately preceding or following the particular section you wish to waive for the specific authority Code section. It usually does not require community involvement (public hearing) and may require consultation with a relevant union, council or committee. Examples of specific waiver authorities are found in the School Based Coordination Act (E.C. Section 52863) and Professional Staff Development Program (E.C. section 44670.7).

**IMPORTANT:** Indicate by (x) in the box on the top of the form the type of Waiver requested:  
First Time Waiver or Renewal Waiver.

## IDENTIFICATION INFORMATION:

**CDS Code (7 digit) -** code number identifies the district or county office of education and can be found in the *California Public School Directory*. It is printed before the listing of each district and county office of education.

**Local Educational Agency (LEA) -** Only school district governing boards, county boards of education and county offices of education are eligible to request specific waivers from the State Board of Education. For special Education Specific waivers only, a SELPA also may request the waiver. Nonpublic Schools or Agencies may not apply, a district or SELPA must sponsor them.

**Contact -** list the name of the person who is most knowledgeable about this waiver request, which may be the person completing the form. California Department of Education staff frequently must call for additional information and questions about the waiver contents. Please include the telephone number and extension if appropriate.

**Address, City, State, Zip, Phone -** complete address and the phone number (include extension number, please) of the LEA making the request.

**Period of Request -** Generally, this is established by the language of the authorizing law. For example, Education Code section 52863 has a two-year limit. Some topics have State Board of Education guidelines that restrict them to one year. Specifically indicate: month/day/year.

**Local Board Approval Date -** State the date that the local School Board approved this waiver request.

## PART I. LEGAL CRITERIA

1. **Authority for the Waiver.** Indicate the type of waiver requested, Specific or Special Education.  
*Specific* - The Education Code contains several provisions that authorize districts and counties to request the SBE to waive specific parts of the Code. Such waivers require local board approval and may require consultation with a relevant union, council, or committee. If you are unsure if the item is a Specific Waiver, check the Education Code sections immediately preceding or following the particular section you wish to waive for the Specific Authority or any reference to how to obtain waivers of the nearby section items.  
*Special Education* - All special education waivers also are specific waivers. Some examples include:

E. C. section  
56362 (c)  
56364

Purpose/reason for waiver  
- to exceed the maximum caseload for resource specialist  
- inclusion of Special Day Class students in the regular classroom



- 
- |                                |   |
|--------------------------------|---|
| 56362 (c)                      | - for Resource Specialist to exceed caseload (28)   |
| 52860, 56364<br>&CCR5 3053 (c) | - for some special day classes to participate in School-Based<br>Coordinated Programs (SBCP)                      |
| 56366.1(a)                     | - to waive any of the requirements pertaining to nonpublic<br>schools/agencies.                                   |
| 56365 (f)                      | - reporting of out-of-state nonpublic, nonsectarian school and<br>agency placements of special education students |
2. **Education Code, California Code of Regulations section or portion to be waived.** Write the E. C. section number(s) and the sentence from the law that states the precise issue you wish to waive or correct.
  3. **Position of the bargaining unit.** (**Important Note:** This item may or may not apply to your waiver request. However, even if consultation with the bargaining unit is not specifically required, you may still wish to consult them if you think the bargaining unit is affected by this waiver request.)

## **PART II. RATIONALE AND DESIRED OUTCOME**

1. **Section to be waived.** Type the text of the pertinent sentence of the law. If only a portion of a section is to be waived, include that portion verbatim, preceded and followed by ("...").
2. **Summary of the Education Code or California Code of Regulations section to be waived.** Summarize the Education Code or California Code of Regulations section to be waived. Please do not copy the language of the law, but restate in your own words what obstacle this section raises for your purposes.
3. **Desired Outcome/rationale.** State as briefly as possible what this waiver will accomplish. Please do not restate the law. Briefly describe the circumstances that brought about this request and why the waiver is necessary to achieve improved student performance and/or streamline local agency operations.
4. **For a Renewal Waiver Only, complete this section of certification to three stipulations to which affirmative answers will allow the waiver to go as a "Renewal."** NOTE: A Renewal MUST be submitted two months before the active waiver expires, or it must be treated as a NEW Specific waiver, requiring the public hearing, collective bargaining unit contact, and review by the Advisory Committee or School Site Council. **Retroactive Waivers (previous years) also must go through the full process for a Specific Waiver.**
5. **District or County certification.** The District or County Office of Education Superintendent or designee is to certify to the accuracy of the information, sign where indicated, and date the request application.

**Important Note:** If a SELPA Administrator is not supportive of the waiver request, a statement of explanation is required. All statements will be considered in the Department's review and recommendation to the State Board of Education. If *no* statement to the contrary is attached, it will be concluded that the SELPA is neutral or supportive.